| ∞   XC-3 340 338<br>  Reg.16544S  | I∉10026   | <b>40</b>  | HEALTH OF MISSORTIFICATE OF D | EATU                                    | 22161   |
|---|---|--|-------------------------------|---|---|
| BIRTH NO.   | <b>ED 19076</b> 29  | 1956<br>REG. DIST. NO31  | 8 PRIMARY REG. DIS            | т. 1003 Regi                            | strar's No. 5667  |
| 1. PLACE OF DEA<br>a. COUNTY  | TH :  |  | a. STATE                      | IDENCE (Where deceased II<br>b. COI     | ived. If institution: residence before<br>UNTY admission).    |
| TOWN O1 5 N   | b. CITY (if outside corpurate limits, write RURAL and give township)  OR township)  TOWN 915 N. Grand, St. Louis, Mo. 20 days |  |                               | ST LOUIS                                | d. Is Residence within limits of a city or incorporated town? |
| d. FULL NAME OF ()  | If not in hospital or in  | atitution, give street address or loss inistration Hos                       | STREET ADDRESS 505            | (If rural, give location) 52a NORTHIAND | AVENUE 2000   |
|   | s. (First)  | b. (Middle)  | c. (Last) THOMPSON            | 4. DATE<br>OF<br>DEATH                  | (Month) (Day) (Year) 6-12-56                                  |
| ·   | COLOR OR RACE   | E.  7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (89 NEVER MARRIED              | ED. C 8. DATE OF BIRTH        | 9. AGE (In yes last birthday)           | ATS OF UNDER 1 YEAR OF UNDER M HES.                           |
| 10a. USUAL OCCUPATIO  | N (Give kind of work  | 10b. KIND OF BUSINESS OF   | II. BIRTHPLACE                | (City and State or Foreign Co-          | 12. CITIZEN OF WHAT COUNTRY? USA                              |
| 13a. FATHER'S NAME  |   | 136. MOTHER'S MA   |                               | 14. NAME OF HUSBAN                      |   |
| JAMES THO   |   | MAGGIE TI  |                               | NONE                                    |   |
| I5. WAS DECEASED EVE<br>  (Yee. no. or unknown)   (If<br>  Y88  | R IN U.S. ARMED F   | ORCES? 16. SOCIAL SECU<br>Marrice) 497 10 670                                | NO.                           | t's signature or N<br>ords.915 N.Grai   | ADDRESS nd.St.Louis, Mo.                                      |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  | I. DISEASE OR CO<br>DIRECTLY LEAD!  |  | AL CERTIFICATION              |   | interval between<br>onset and death<br>Undetermined           |
| *This does not mean<br>the mode of dying, such<br>as heart failure, asthenia,<br>etc. It means the dis-<br>case, injury, or complica- | the underlying cau  | , if any, giving DUE TO (b)  |                               |   |   |
| tion which caused death.  |   | uting to the death but not<br>se or condition causing death.                 |                               |   |   |
| 19a. DATE OF OPERA-<br>TION   | 19b. MAJOR FIND   | INGS OF OPERATION  |                               | - 4457                                  | 20. AUTOPSY1  |
| 21a. ACCIDENT.<br>SUICIDE<br>HOMICIDE   |   | 1b. PLACE OF INJURY (e.g., in or<br>iome, farm, factory, street, office bldg |                               | OR TOWNSHIP) (C                         | OUNTY) (STATE)  |
| 21d. TIME (Month)<br>OF<br>INJURY   | (Day) (Year) (I   | 21e. INJURY OCCUR WHILE AT NOT WHILE MORK AT WORK                            | Er-n l                        | RY OCCUR?                               |   |
|   | hat it attended the   | re deceased from5=23   |                               | 6-12-56, 19, the causes and on the      | i <b>baciciosicio activo de accede.</b><br>date stated above. |
| 23a. SAGNATURE  | 7   | aminiskas (Degree or t   | itle) 23b. ADDRESS 91         |   | 23c. DATE SIGNED 6-12-56                                      |
| 24a. BURYAL. ZRBMA-<br>TION, REMOVAL (Bradley)  | 24b. DATE   |  | ETERY OR CREMATORY            | 24d. LOCATION (Oity, to                 |   |
| BUT1all DATE REC'D BY LOCAL   | <u>  6-18-50</u>  |  | 25, FUNERAL DIR               |   | ADDRESS   |
| JUN 1 4 1956  | X Case  | South M  |                               | of Friends                              |   |
|   | ندر   | (Licensed Embala   | ner's Statement on Reverse    | side) ington                            | BIvd.   |

## STATEMENT BY LICENSED EMBALMER

|       | nereby certify that the body whose name is recorded on the rever | rse side of this certificate was emba |
|-------|--|---------------------------------------|
| by me | or by  | , Student Embalmer No                 |

working under my personal supervision..

Student Signature of Student Embalmer Signed Vallace R. Hilliam.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failute to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.